

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1914

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 203			
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph					
d. FULL NAME OF HOSPITAL OR INSTITUTION 2415 Olive Street				d. STREET ADDRESS (If rural, give location) 2415 Olive Street					
3. NAME OF DECEASED (Type or Print)		a. (First) Elizabeth		b. (Middle)		c. (Last) Geis			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		4. DATE OF DEATH (Month) (Day) (Year) Febr. 18, 1950			
8. DATE OF BIRTH April 1877		9. AGE (In years last birthday) 72		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Fred Fernan		13b. MOTHER'S MAIDEN NAME Mary Blockard			
14. NAME OF HUSBAND OR WIFE Eugene		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George J. Geis 2415 Olive St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arterio Sclerosis DUE TO (c) Woman was found dead in her home without a history of previous serious illness. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death of previous serious illness. there is a history of three previous strokes suffered by the patient within the past two years.				INTERVAL BETWEEN ONSET AND DEATH 1 day 2 years 3 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?			
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) H. F. Munder M.D. Coroner			
23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 2/18/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-21-1950			
24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) St. Joseph, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE		25. ADDRESS 1802 Union St.			
DATE REC'D BY LOCAL REG. Feb. 23, 1950		REGISTRAR'S SIGNATURE E. C. Jenkins		382		25. ADDRESS 1802 Union St.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by\_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed\_\_\_\_\_

*Robert H. Geph*

Signed.....

Student Embalmer

Licensed Embalmer No. *3308*

P. O. Address *St Joseph Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.